



“Life’s EPIC endancement!”

**ADULT 2017/ 2018
REGISTRATION**

LAST NAME: _____ FIRST NAME: _____ MI: _____

BIRTHDATE __/__/____ IMMEDIATE FAMILY ENROLLED: _____

HOME ADDRESS: _____

MAILNG ADDRESS (If different from above): _____

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____ E-MAIL: _____

EMERGENCY CONTACT NAME: _____

RELATION TO YOU: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

ADDRESS: _____

STAFF USE ONLY

- TRIAL OB__ OJ__ OHH__ OT__
- AB__ AK__ AFB__ AC__ ABLRM__
- PAYG__ 10__ 15__ 20__ 30__
- US__ US-YR__ PIF__ BI__ QUART__



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PRIOR DANCE EXPERIENCE

1) Have you studied dance previously? YES NO

a. If yes, Where:

Types of Dance:

Number of Years Enrolled:

2) Please, briefly share future dance goals: _____

3) Please check reason(s) for enrolling:

- | | | |
|----------------------------------------------------------|----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Casual Student | <input type="checkbox"/> Serious Student | <input type="checkbox"/> Visiting Professional |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Improve Flexibility | <input type="checkbox"/> Fun |
| <input type="checkbox"/> Visiting | <input type="checkbox"/> School Dance Team | <input type="checkbox"/> School Theater Program |
| <input type="checkbox"/> Interest in Pursuing Profession | | |
| <input type="checkbox"/> Other: _____ | | |

How did you hear about E.P.I.C.:

- | | | |
|----------------------------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Flyer/ Brochure | <input type="checkbox"/> Website | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Pintrest | |
| <input type="checkbox"/> Friend/ Family Name: _____ | | |
| <input type="checkbox"/> Other, please specify:
_____ | | |